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Out-of-Network Claim Dispute Resolution Rules

1 message

Catherine O'Neil <coneil@azinsurance.gov>

Wed, Aug 22, 2018 at 11:02 AM

To: Public Comments - INSURANCE <public_comments@azinsurance.gov>

Comment on R20-6-2401 (5)

The definition of "Balance bill" in R20-6-2401 (5) does not take into account the amount owed by the enrollee for their cost share (copayment, coinsurance and deductible).

So perhaps it should read "Balance bill" means all charges that exceed the enrollee's cost sharing requirements and the amount paid by the insurer."

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Proposed rule change

1 message

Mary Kosinski <mkosinski@azinsurance.gov>

Wed, Sep 12, 2018 at 5:03 PM

To: Public Comments - INSURANCE <public_comments@azinsurance.gov>

Add to R20-6-2404(A) the following sentence:

The Department shall publish the list of contracted entities and a list of each entity's qualified Arbitrators on its website.

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SOON Billing Dispute Resolution Rule

1 message

Scott Greenberg <sgreenberg@azinsurance.gov>

Thu, Sep 20, 2018 at 2:05 PM

To: Public Comments - INSURANCE <public_comments@azinsurance.gov>

1. The draft provides in R 20-6-2401.1, a definition for "Alternative Arbitrator" that disallows an Arbitrator contracted with the Department to conduct an arbitration. This may unnecessarily prevent the insurer and health care provider to agree to use an Arbitrator with whom the Department has a contract as their alternative to the Arbitrator that the Department had proposed the parties use. Instead, I recommend amending the definition to say:

"Alternative Arbitrator" is a person who is mutually agreeable to the health insurer and health care provider to act as an Arbitrator. If the person is contracted with the State of Arizona to conduct arbitration proceedings, the provisions of that contract shall apply. Department staff may not serve as an Alternative Arbitrator.

2. The draft provides in R20-6-2404.A requires the Department to have a list of at least three arbitrators to assign. However, I believe the Department actually needs at least four, one as an initial Department appointee, and then three that the Department can propose in the event the first appointed arbitrator is rejected by the health care provider or insurer.

Thank you for considering this input on these important rules.

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SOONBDR Rules

2 messages

Scott Greenberg <sgreenberg@azinsurance.gov>

Thu, Sep 27, 2018 at 1:06 PM

To: Public Comments - INSURANCE <public_comments@azinsurance.gov>

Wonder if "telephonically" needs to be defined to include web-based conferences and other means of communication that is not conducted in person.

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Scott Greenberg <sgreenberg@azinsurance.gov>

Thu, Sep 27, 2018 at 1:26 PM

To: Public Comments - INSURANCE <public_comments@azinsurance.gov>

ARS § 20-3115(H), in part, states,

3. If a health insurer pays for out-of-network health care services directly to a health care provider, the health insurer that has not remitted its payment for the out-of-network health care services shall remit the amount due to the healthcare provider.

The rule needs to specify that the "amount due to the healthcare provider is the allowed/scheduled amount that pertains to the healthcare service that was provided.

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